

**REQUEST to DONATE ANNUAL LEAVE to LEAVE RECIPIENT  
UNDER the LEAVE TRANSFER PROGRAM**

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than one-half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I can elect to have a prorated share returned to me during either the current year or the following leave year, or I can elect to donate my prorated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to Chapter 63 of Title 5, U.S.C., on the date the medical emergency terminates.

I have not been directly or indirectly intimidated, threatened, coerced, or promised any benefit by any employee for the purpose of donating or using leave.

**Privacy Act Statement**

This program is voluntary; however, solicitation of this information is authorized by 5 U.S.C. 6391. The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a social security number or tax identification number. This is an amendment to Title 31, Section 7701. Furnishing the SSN, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

**TO BE COMPLETED BY THE LEAVE DONOR**

Name ( <i>Last, First, Middle</i> )		Mail Stop	Extension	Social Security Number
Position Title, Pay Plan, Grade/Pay Level			Organization Code	
Amount of Annual Leave as of End of Last Pay Period	Amount of Annual Leave Projected to Forfeit This Leave Year as of End of Last Pay Period	Amount of Annual Leave to be Transferred (Donated)	Leave Returned (Check one.) <input type="checkbox"/> Current Leave Year <input type="checkbox"/> Next Leave Year	
Individual's Name to Whom Leave is Being Donated				
Signature			Date Signed	
Payroll and POB use only			Payroll Block	
Approved for processing:		Copy for POB	Date to Payroll	

**Special Instructions:** In order to avoid errors in deducting your leave donation twice from your annual leave account, please use only ***one*** method of submitting the leave donation form to the Management and Employee Support Branch.

You may:

1. Mail this form to: MS 129  
Attn: Management and Employee Support Branch

Or

2. Fax this form to: Ext. 47899  
Attn: Management and Employee Support Branch.

Call ext. 42605 for help with this form or additional information.